

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL
LICENSING
APPLICATION FOR LICENSURE

DENTAL HYGIENIST UPGRADE TO DENTAL
HYGIENIST WITH LOCAL ANESTHESIA PERMIT

DOPL-AP-094 REV 05/30/2001

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

Supporting Documents and Fees:

1. Submit the following:
 - ☐ an official letter from your anesthesia course director documenting your successful completion of a program of training in the administration of local anesthetics accredited by the Commission on Dental Accreditation of the ADA;

AND

- ☐ official verification of your passing score on the WREB Anesthesia Examination;

OR

- ☐ documentation of having a current, active license to administer local anesthesia in another state.
2. If you are applying for an upgrade using documentation of having a current, active license to administer local anesthesia in another state, use the “Request For Verification of License” form. Request that the verifying state complete the form and mail or fax it directly to the Division or return them to you for submission with your application.
 3. Submit the \$25.00 non-refundable application processing fee for a Local Anesthesia Permit.

Additional Important Information:

1. **Law and Rules Exam:** You are responsible to understand all laws and rules pertaining to your practice. The following applicable laws and rules are available on the Internet at <http://www.commerce.state.ut.us/dopl/dopl1.htm>.

- ☐ Division of Occupational & Professional Licensing Act
- ☐ General Rules of the Division of Occupational & Professional Licensing Profession Licensing Act
- ☐ Utah Dentist and Dental Hygienist Practice Act
- ☐ Utah Dentist and Dental Hygienist Practice Act Rules

You may also purchase them for a fee from Experior at (801) 355-5009.

2. For registration and fee information concerning the WREB Anesthesia Examination or to request a duplicate certificate, contact **WREB:** Western Regional Examining Board, 9201 N 25th Avenue, #183, Phoenix, AZ, 85021, (602) 944-3315.
3. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
4. **Updating Address Information:** It is a licensee’s responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.

Make Licensure Fees Payable To:

DOPL

Mail Complete Application To:

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

Telephone Numbers:

Direct Dial: (801) 530-6633
(801) 530-6619

Utah Toll Free: (866) ASK-DOPL
(866) 275-3675

Fax Number: (801) 530-6511

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APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

GENERAL INFORMATION

License/Certificate/Registration Applying For: _____

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender (Male or Female): _____ Date of Birth: _____

PUBLIC MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _(____)_____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

APPLICATION FOR:

_____ Local Anesthesia Permit

PROFESSIONAL EXAMINATION REQUIREMENT:

Answer "Yes" or "No"

_____ WREB Anesthesia Exam, Date(s) Taken: _____

LICENSES:

List all licenses, registrations, or certifications issued by any state which you now hold or have ever held in any health care profession. Use additional sheets if necessary.

Issuing State: _____

Profession: _____

Issuing State: _____

Profession: _____

Issuing State: _____

Profession: _____

FOR LOCAL ANESTHESIA PERMIT:

Local Anesthesia Course Name: _____

Where Taken (School): _____ Date Completed: ____/____/____

RECORD OF EMPLOYMENT AS A DENTAL HYGIENIST:

Please list your dental hygiene work experience for the past 2 years. Use additional sheets if necessary.

1. Employer: _____ Phone: (____) _____

Address: _____

Dates of Employment: From ____/____/____ To ____/____/____ Contact Person: _____

2. Position and Duties: _____
Employer: _____ Phone: (____) _____
Address: _____
Dates of Employment: From ____/____/____ To ____/____/____ Contact Person: _____
Position and Duties: _____
3. Employer: _____ Phone: (____) _____
Address: _____
Dates of Employment: From ____/____/____ To ____/____/____ Contact Person: _____
Position and Duties: _____

DENTAL HYGIENIST QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. ___ Have you ever applied for a license or received a license, certificate, permit, or registration to practice in a licensed profession under any name other than the name listed on this application?
2. ___ Have you ever been denied the right to sit for a licensure examination?
3. ___ Have you ever had a license, certificate, permit, or registration to practice a licensed profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. ___ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a licensed profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
5. ___ Are you currently under investigation or is any disciplinary action pending against you now by any professional licensing agency?
6. ___ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
7. ___ Is any action pending against you now by either the federal Drug Enforcement Administration or any state drug enforcement agency?
8. ___ Have you been named as a defendant in a malpractice suit?
9. ___ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
10. ___ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
11. ___ If you are licensed in the health care profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
12. ___ Are you currently using or have you recently (within 90 days) used any drugs (including

recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

13. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
14. _____ Have you been arrested for or charged with a misdemeanor or felony charge in any jurisdiction during the last 10 years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
15. _____ Have you ever pled guilty to, no contest to, or been convicted of any felony or misdemeanor in any jurisdiction?

If you answer yes to question 14 or 15 you must include with your application a copy of the police report, court docket, and any probation/parole officer report for EACH and EVERY arrest and/or conviction within the past ten years.

16. _____ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
17. _____ Have you ever been terminated from a position because of drug use or abuse?
18. _____ Have you ever been incarcerated for any reason in any Federal, State or County Correctional Facility?

If you answered “yes” to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean that you will not be granted a license; however, additional documentation may be requested by the Division if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah. If you answered "yes" to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____

Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: 801-530-6511

REQUEST FOR VERIFICATION OF LICENSE

TO BE COMPLETED BY THE APPLICANT:

Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application

Applicant Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

I am requesting licensure in the State of Utah as a _____

I am/have been licensed in your State under the name _____

My Social Security Number is _____

My Date of Birth is _____

My license number in your State is/was _____

I have enclosed the necessary license verification fee in the amount of \$ _____

Signature of Applicant: _____

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail or fax it directly to the Division or place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (as it appears in verifying state's records): _____

Classification of License Issued: _____

License Number: _____

Current Status: _____

Original Date of Licensure: _____

Expiration Date: _____

Licensed to administer Local Anesthesia:

_____ Yes _____ No

Continuously Licensed:

_____ Yes _____ No, please elaborate _____

Licensed By:

_____ Exam, Type: _____ Date: _____

_____ Endorsement, From What State: _____

Examination Scores: _____

Education Required For Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

_____ No _____ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____

Title: _____

Agency: _____

Date: _____

(SEAL)